



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re patent application of: )  
Shull et al ) Attorney Docket No. 1718-0004  
Application No. 10/663,555 )  
Filed: September 19, 2003 ) Examiner: To be assigned  
Title: Test Strip and Method for Determining LDL ) Group Art Unit: 3761  
Cholesterol Concentration from Whole )  
Blood )

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on December 1, 2004 (date of deposit).

Michael D. Beck

(Registered Representative)

(Signature)

December 1, 2004

(Date of Signature)

**SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Pursuant to 37 CFR §1.56, Applicant hereby discloses the references listed below and identified on the attached Form PTO-1449 regarding the above-identified patent application

U.S. Patent No.  
5,597,532

Inventor  
Connolly

Issue/Publication Date  
January 28, 1997

It is believed that no fees are due for the consideration of this Information Disclosure Statement. However, the Commissioner is hereby authorized to charge any fee deficiency or to credit any overpayment to Deposit Account No. 13-0014, but not to include any payment of issue fees.

Respectfully submitted,  
MAGINOT, MOORE & BECK

Michael D. Beck  
Attorney for Applicant  
Registration No. 32,722

December 1, 2004  
Maginot, Moore & Beck  
Bank One Center Tower  
111 Monument Circle, Suite 3000  
Indianapolis, Indiana 46204-5115  
(317) 638-2922 phone  
(317) 638-2139 facsimile

 <b>FORM PTO-144S</b> <b>INFORMATION DISCLOSURE STATEMENT</b>	ATTY. DOCKET NO.: 1718-0004		APPLICATION NO. 10/663,555
	APPLICANT: Shull et al.		
	FILING DATE: September 16, 2004	GROUP ART UNIT: 3761	

<b>U.S. PATENT DOCUMENTS</b>							
EXAMINER INITIAL		DOCUMENT NUMBER	DATE	NAME	CLASS	SUB-CLASS	FILING DATE
	AA	5,597,532	January 28, 1997	Connolly			
	AB						
	AC						
	AD						
	AE						
	AF						
	AG						
	AH						
	AI						
	AJ						
	AK						

**FOREIGN PATENT DOCUMENTS**

EXAMINER INITIAL		DOCUMENT NUMBER	DATE	NAME	CLASS	SUB-CLASS	TRANSLATION
	AL						Yes No
	AM						Yes No
	AN						Yes No
	AO						Yes No
	AP						Yes No

**OTHER (Including Author, Title, Date, Pertinent Pages, etc.)**

	AQ	1	
	AR	1	
	AS	1	

EXAMINER	DATE CONSIDERED
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**EXAMINER:** Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to Applicant.